

L13000061227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

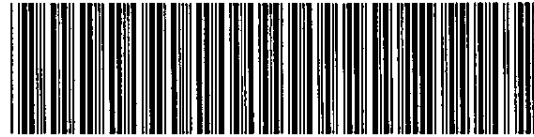
(Business Entity Name)

(Document Number)

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SEP 3 2013  
TALLAHASSEE, FLORIDA

2013 AUG 29 PM 12:19

B. BOSTICK  
SEP 03 2013  
EXAMINER

**COVER LETTER**

TO: **Registration Section  
Division of Corporations**

SUBJECT: **UPSCALEWHOLESALE.COM LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**ROBERT S WEINROTH**

Name of Person

**UPSCALEWHOLESALE.COM LLC**

Firm/Company

**951 BRKN SND PKWY NW STE160**

Address

**BOCA RATON FL 33487-3539**

City/State and Zip Code

**Robert@UpscaleWholesale.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**ROBERT S WEINROTH**

Name of Person

at **(561) 212-6000**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2013 AUG 29 PM 12:19  
TALLAHASSEE, FL ONLY

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**UPSCALEWHOLESALE.COM LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on APRIL 24, 2013 and assigned  
Florida document number L13000061227.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

951 BROKEN SOUND PKWY NW STE 160  
BOCA RATON FL 33487-3539

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

951 BROKEN SOUND PKWY NW STE 160  
BOCA RATON FL 33487-3539

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

**Name of New Registered Agent:**

ROBERT S WEINROTH ESQ

**New Registered Office Address:**

951 BROKEN SOUND PKWY NW STE 160

*Enter Florida street address*

BOCA RATON

Florida 33487-3539

*City*

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

**If Changing Registered Agent, Signature of New Registered Agent**

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

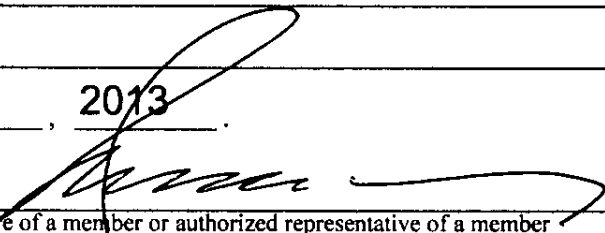
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	DAVID A FINKELSTEIN	3914 DEVON CT N	<input type="checkbox"/> Add
		BOCA RATON FL 33496-2704	<input type="checkbox"/> Remove
		[UPDATE]	
MGR	ROBERT S WEINROTH	4118 BRIARCLIFF CIR	<input checked="" type="checkbox"/> Add
		BOCA RATON FL 33496-4064	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated AUGUST 15, 2013.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

**ROBERT S WEINROTH**

\_\_\_\_\_  
Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA